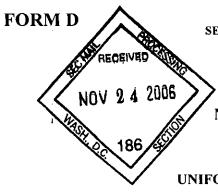
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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPI	ROVAL
OMB Number:	3235-0076
Expires:	
Estimated average	burden
hours per response	16.00

SEC USE ONLY				
Prefix		Serial		
DA	TE RECEIV	ED		
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- ·	is an amendment and name has changed, and indicate change.)	
Convertible notes with warrants	·	
Filing Under (Check box(es) that app Type of Filing: ⊠New Filing	ly): □Rule 504 □Rule 505 ☑Rule 506 □Section 4(6) □Amendment	ULOE
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested	about the issuer	
Name of Issuer ( Check if this	is an amendment and name has changed, and indicate change.)	
Aereobic Creations, Inc. (to be known	wn as Summit Global Logistics, Inc.) (the "Company")	·
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
547 Boulevard	Kenilworth, New Jersey 07033	908-497-8319
Address of Principal Business Operat (if different from Executive Offices)	ions (Number and Street, City, State, Zip Code)  rovider specializing in ocean transportation intermediary servi	Telephone Number (Including Area Code)
Brief Description of Business		
A public, international logistics pr	ovider specializing in ocean transportation intermediary servi	ices for Asia and North America
Type of Business Organization		
orporation	☐ limited partnership, already formed ☐ other (plea	ase specify): DFC 1 1 2000
business trust	☐ limited partnership, to be formed	201 1 2006
· · · · · · · · · · · · · · · · · · ·	Month Year	THOMSON
Actual or Estimated Date of Incorpora	ation or Organization: 02 04 🖂	Actual
Jurisdiction of Incorporation or Organ	nization: (Enter two-letter U.S. Postal Service abbreviation for Sta	
	CN for Canada; FN for other foreign jurisdiction)	NV
GENERAL INSTRUCTIONS		· · · · · · · · · · · · · · · · · · ·
Federal:		
	fering of securities in reliance on an exemption under Regulation D or Se	ction 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
Exchange Commission (SEC) on the earlie	later than 15 days after the first sale of securities in the offering. A not er of the date it is received by the SEC at the address given below or, if receitates registered or certified mail to that address.	
	age Commission, 450 Fifth Street, N.W., Washington D.C. 20549.	
	s notice must be filed with the SEC, one of which must be manually sig	gned. Any copies not manually signed must be
	contain all information requested. Amendments need only report the nam	e of the issuer and offering, any changes thereto
	ny material changes from the information previously supplied in Parts A a	
Filing Fee: There is no federal filing fee.		
that have adopted this form. Issuers relying made. If a state requires the payment of a	ce on the Uniform Limited Offering Exemption (ULOE) for sales of secur ng on ULOE must file a separate notice with the Securities Administrator a fee as a precondition to the claim for the exemption, a fee in the proper ecordance with state law. The Appendix to the notice constitutes a part of	in each state where sales are to be, or have been amount shall accompany this form. This notice
	ATTENTION	

<sup>1</sup> The Company became a Delaware corporation through a migratory merger on July 13, 2006.

Persons who respond to the collection of information contained in this form are not

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		- ` A. BASIC IDI	ENTIFICATION DATA		
2. Enter the information r	equested for the	following:			
Each promoter of	the issuer, if the	issuer has been organize	ed within the past five ye	ears;	
<ul> <li>Each beneficial of securities of the is</li> </ul>		e power to vote or disp	oose, or direct the vote	or disposition	of, 10% or more of a class of equity
Each executive of	ficer and directo	r of corporate issuers an	d of corporate general a	nd managing pa	artners of partnership issuers; and
• Each general and	managing partne	er of partnership issuers.			
Check Box(es) that Apply:	☐ Promoter	X Beneficial Owner	X Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, Agresti, Robert A.	if individual)				
Business or Residence Address 547 Boulevard, Kenil			Code)		
Check Box(es) that Apply:	☐ Promoter	X Beneficial Owner	☐ Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, DeSaye, Gregory	if individual)				
Business or Residence Addr 547 Boulevard, Kenil			Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, MacAvery, J. Terence					
Business or Residence Addr 547 Boulevard, Kenil	•		Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	X Director	☐General and/or Managing Partner
Full Name (Last name first, McQuiston, Raymer	if individual)				
Business or Residence Address 547 Boulevard, Kenil			Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, Windfield, Paul	if individual)				
Business or Residence Address 547 Boulevard, Kenil		-	Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, Coogan, William	if individual)				
Business or Residence Address 547 Boulevard, Kenil	•		Code)	•	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	X Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, Shahbazian, Paul	if individual)	·			

Business or Residence Address (Number and Street, City, State, Zip Code) 547 Boulevard, Kenilworth, NJ 07033

Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	X Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Klaver, Pêter	if individual)				
Business or Residence Add			Code)		
547 Boulevard, Kenil	worth, NJ 07033	3			
Check Box(es) that Apply:	☐ Promoter	X Beneficial Owner	X Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Stone, Peter	if individual)				
Business or Residence Address 547 Boulevard, Kenil			Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	X Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Madden, James	if individual)				
Business or Residence Address 547 Boulevard, Kenil			Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	X Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Knight, William	if individual)				
Business or Residence Addr 547 Boulevard, Kenil			Code)		
Check Box(es) that Apply:	☐ Promoter	X Beneficial Owner	X Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Dombalis, Christophe					
Business or Residence Addr 547 Boulevard, Kenil			Code)		
Check Box(es) that Apply:	☐ Promoter	X Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, Lee, Robert	if individual)			· · · · · · · · · · · · · · · · · · ·	
Business or Residence Adda 547 Boulevard, Kenil	•	• • • • •	Code)		
Check Box(es) that Apply:	☐ Promoter	X Beneficial Owner	☐ Executive Officer	Director	☐General and/or Managing Partner
Full Name (Last name first, Wu, Robert	if individual)				
Business or Residence Addr 547 Boulevard, Kenil	•	-	Code)		
Check Box(es) that Apply:	☐ Promoter	X Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, O'Neill, Robert	if individual)	, t			
Business or Residence Adda	ess (Number and	d Street, City, State, Zip	Code)		_

siness or Residence Address (Number and Street, City, State, Zip Code 547 Boulevard, Kenilworth, NJ 07033

Check Box(es) that Apply:	☐ Promoter	X Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, DeSaye, Michael	if individual)				
Business or Residence Addr 547 Boulevard, Kenily	•	•	Code)		
Check Box(es) that Apply:	☐ Promoter	X Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, FMI, Inc.	if individual)				
Business or Residence Addr 800 Federal Boulevar	`		Code)		
Check Box(es) that Apply:	Promoter	X Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, Protex Holdings Limi	•		·		
Business or Residence Addr Room 2102-3 China I	•	- · · · · ·	Code) Rd., Central, Hong Ko	ng	

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1. Has	ine is	suer sold	, or does	ine issuer	intend to s					•	⊔			
		<i>a</i> .			Answer al	so in Appe	endix, Colu	umn 2, if fi	ling under	ULOE.				
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2. Wha	it is tr	e minim	um inves	tment that	will be acc	epted fron	n any indi	vidual?			\$_ Yes		<u>N/A</u> No	
3. Does	s the i	offering 1	ermit io	int owners	ship of a sin	gle unit?								
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4. Ente	r the	informat	ion reque	sted for e	ach person	who has be	en or will	be paid or	given, dir	ectly or i	ndirectly	, any		
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					or dealer. If he informat					e associa	ted perso	ons of s	uch	
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Name of	Assoc	iated Br	oker or D	ealer										
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## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
aready exchanged.		ggregate		mount
Type of Security	Offe	ering Price	Alre	ady Sold
Debt	<b>S</b>	0	\$	0
Equity	\$	0	\$	0
☐ Common ☐ Preferred				
Convertible Securities (including warrants) <sup>2</sup>	\$ <u>65,0</u>	000,000	\$ <u>65,0</u>	000,000
Partnership Interests	<b>\$</b>	0	\$	0
Other (Specify)	\$	0	\$	0
Total	\$ <u>65,0</u>	000,000	\$ <u>65,</u>	000,000
Answer also in Appendix, Column 3, if filing under ULOE.		•		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		lumber	Dolla	ggregate ar Amount
Accredited Investors	<u></u>	vestors 26		onchases 000,000
Non-accredited Investors		0	\$	0
Total (for filings under Rule 504 only)		N/A	\$	N/A
Answer also in Appendix, Column 4, if filing under ULOE.				
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
		ype of		Dollar
Type of offering	2	ecurity	Am	ount Sold
Rule 505		N/A	\$	N/A
Regulation A		N/A	\$	
Rule 504		N/A	\$	N/A
Total		N/A	\$	N/A
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
Transfer Agent's Fees			<b>□</b> \$_	0
Printing and Engraving Costs			□ \$_	86,683
Legal Fees			□ \$1	596,034
Accounting Fees			□ \$_	148,615
Engineering Fees			□ \$_	0
Sales Commissions (specify finders' fees separately)			□ \$2	,720,920

<sup>&</sup>lt;sup>2</sup> The convertible securities consist of units including notes convertible into common stock and warrants to acquire common stock equal to the quotient of 40% of the original aggregate principal amount of the notes purchased by the buyers at closing divided by the conversion price as of the closing.

Other Expenses (Commitment Fee)	□ \$ <u>1,916</u>
Total	☐ \$ <u>4,554,168</u>

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## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			\$ <u>60,445,832</u>
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. above.			
:	Paymer Office Directo Affilia	ers, ors &	Payments to Others
Salaries and fees	<b>\$</b>	0	□ \$ <u> </u>
Purchase of real estate	□ \$	0	□ \$ <u> </u>
Purchase, rental or leasing and installation of machinery and equipment	□ \$	0	□ \$ <u>        0</u>
Construction or leasing of plant buildings and facilities	□ \$	_0	□ \$ <u>        0</u>
Acquisition of other business (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a			
merger)	□ \$	0	□ \$ <u>50,961,124</u>
Repayment of indebtedness	□ \$ <u>28,2</u>	<u>253</u>	\$ <u>284,827</u>
Working capital	□ \$	0	\$ <u>9,171,628</u>
Other (specify):	□ \$	_0	□ \$ <u> </u>
	□ <b>\$</b>	0	□ \$ <u> </u>
Column Totals	□ \$	0	□ \$ <u>0</u>
Total Payments Listed (column totals added)		□ \$ <u>60,</u> 4	145,832

## D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)  Aerobic Creations, Inc. (to be known as Summit Global Logistics, Inc.	Signature Date November 1/2006
Name of Signer (Print or Type)	Title of Signer (Print or Type)
Robert A. Agresti	President and Chief Executive Officer